Department of Behavioral Health and Developmental Disabilities



Guidelines for the Individual and Family Support Program

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Appendix A Application

I. Definitions

The following words and terms shall have the following meanings unless the context clearly indicates otherwise:

"Activities of daily living" or "ADL" means personal care tasks, e.g., bathing, dressing, toileting, transferring, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and service needs.

"Appeal" means the process used to challenge adverse actions regarding services, benefits and reimbursement provided by the Individual and Family Support Program pursuant to 12VAC35-230-90. Requests for reconsideration.

"Assistive technology" or "AT" means specialized medical equipment and supplies to include devices, controls, or appliances, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and nondurable medical equipment.

"Commissioner" means the Commissioner of the Department of Behavioral Health and Developmental Services.

"Companion" means, a person who provides companion services.

"Companion services" means nonmedical care, support, and socialization, provided to an adult (age 18 and over). The provision of companion services does not entail hands-on care.

"Crisis stabilization" means direct intervention to persons with ID/DD who are experiencing serious psychiatric or behavioral challenges that jeopardize their current community living

situation, by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

"Department" means the Department of Behavioral Health and Developmental Services.

"Developmental disability" means a severe, chronic disability of an individual that:

- 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2. Is manifested before the individual attains age 22;
- 3. Is likely to continue indefinitely;
- 4. Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care; (ii) receptive and expressive language; (iii) learning; (iv) mobility; (v) self-direction; (vi) capacity for independent living; and (vii) economic self-sufficiency; and
- 5. Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. [42 U.S.C. § 15002]

"Environmental modifications" means physical adaptations to a house, place of residence, primary vehicle or work site (when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act) that are necessary to ensure the individual's health and safety or enable functioning with greater independence when

the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to the individual.

"Family member" means an immediate family member of an individual receiving services or the principal caregiver of that individual. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the individual receiving services. [Virginia Code § 37.2-100]

"Individual and Family Support" means an array of individualized items and services that are intended to support the continued residence of an individual with intellectual or developmental disabilities (ID/DD) in his own or the family home.

"Individual" means the person receiving the services or support funds established by this program.

"Instrumental activities of daily living" or "IADLs" means tasks such as meal preparation, shopping, housekeeping, laundry, and money management.

"Intellectual disability" or "ID" means a disability, originating before the age of 18 years, characterized concurrently by (i) significantly sub average intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. [Virginia Code § 37.2-100]

"Pend" means delaying the consideration of an individual's request for services until all required information is received by DBHDS.

"Person-centered planning" means a process that focuses on the needs and preferences of the individual to create an Individual Support Plan containing essential information, a personal profile, and desired outcomes of the individual to be shared with persons and providers involved in the provision of services and supports.

"Personal assistance services" means assistance with activities of daily living, instrumental activities of daily living, access to the community, self-administration of medication, or other medical needs, and the monitoring of health status and physical condition.

"Personal assistant" means a person who provides personal assistance services.

"Personal emergency response system (PERS)" is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. PERS services are limited to those individuals who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

"Prevocational services" means services aimed at preparing an individual for paid or unpaid employment. The services do not include activities that are specifically job-task oriented but focus on concepts such as accepting supervision, attendance, task completion, problem solving and safety. Compensation, if provided, is less than 50% of the minimum wage.

"Respite services" means services provided to individuals who are unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid persons normally providing the care.

"Skilled nursing services" means services that are ordered by a physician and required to prevent institutionalization, that are not otherwise available under the State Plan for Medical Assistance and that are provided by a licensed registered professional nurse, or by a licensed

practical nurse under the supervision of a licensed registered professional nurse, in each case who is licensed to practice in the Commonwealth.

"Supported employment" means work in settings in which persons without disabilities are typically employed. It includes training in specific skills related to paid employment and the provision of ongoing or intermittent assistance and specialized supervision to enable an individual with ID/DD to maintain paid employment.

"Therapeutic consultation" means activities to assist the individual and the individual's family/caregiver, as appropriate, such as speech therapy, occupational therapy, physical therapy, behavior management, recreational therapy, social work, or other therapies as needed.

II. Program description.

The Individual and Family Support Program assists individuals with intellectual disability (ID) or developmental disabilities (DD) and their family members to access needed person-centered and family-centered resources, supports, services and other assistance as approved by the Department. As such, Individual and Family Support Program funds shall be distributed directly to the requesting individual or family member or a third party designated by the individual or family member.

The overall objective of the Individual and Family Support Program is to support the continued residence of an individual with intellectual or developmental disabilities maintain his own home or the family home, which could include the home of a principal caregiver.

Individual and Family Support Program funds shall not supplant or in any way limit the availability of services provided through a Medicaid Home and Community-Based Waiver, Early and Periodic Screening, Diagnosis and Treatment, or similar programs.

III. Program eligibility requirements

Eligibility for Individual and Family Support Program funds shall be limited to individuals who are living in their own or a family home and are on the statewide waiting list for the Intellectual Disability (ID) Medicaid Waiver or the Individual and Family Developmental Disabilities Services (IFDDS) Medicaid Waiver and family members that are assisting those individuals.

Individuals who are on the waitlist for ID or DD Waiver and currently on the EDCD, Day Support, or Tech Waiver may apply for funds if needed items are not available through these waiver programs, EPSDT or Medicaid State Plan Option.

IV. Program implementation.

Individual and Family Support Program funds shall be limited by the amount of funds allocated to the program by the General Assembly. Department approval of funding requests shall not exceed the funding available for the fiscal year.

Based on funding availability, the Department shall establish an annual individual financial support limit, which is the maximum annual amount of funding that can be provided to support an eligible individual during the applicable fiscal year.

Individual and Family Support Program funds may be provided to individuals or family members in varying amounts, as requested and approved by the Department, up to the established annual individual financial support limit.

On an annual basis, the Department shall announce Individual and Family Support Program total funding availability and the annual individual financial limit for the applicable fiscal year. This announcement shall include a summary of covered services, the application, and the application review criteria.

Individuals and family members may submit applications for Individual and Family Support Program funding as needs arise throughout the year. Applications shall be considered by the Department on a first-come, first serve basis until the annual allocation appropriated to the program by the General Assembly for the applicable fiscal year has been expended.

Individuals and their family members may apply for Individual and Family Support Program funding each year and may submit more than one application in a single year; however the total amount approved during the year shall not exceed the annual individual financial support limit.

V. Covered services and supports

Services and items funded through the Individual and Family Support Program are intended to support the continued residence of an individual in his own or the family home and may include:

- 1. Professionally provided services and supports, such as respite, transportation services, behavioral consultation, and behavior management;
- 2. Assistive technology and home modifications, goods, or products that directly support the individual;
- 3. Temporary rental assistance or deposits;
- 4. Fees for summer camp and other recreation services;
- 5. Temporary assistance with utilities or deposits;
- 6. Dental or medical expenses of the individual;
- 7. Family education, information, and training;
- 8. Peer mentoring and family-to-family supports;
- 9. Emergency assistance and crisis support; or
- 10. Other direct support services as approved by the Department.

VI. Application for funding.

Eligible individuals or family members who choose to apply for Individual and Family Support Program funds shall submit a completed application to the Department.

Completed applications shall include the following information:

- 1. A detailed description of the services or items for which funding is requested;
- 2. Documentation that the requested services or items are needed to support the continued residence of the individual with ID/DD in his own or the family home and no other public funding sources are available;
- 3. The requested funding amount and frequency of payment; and
- 4. A statement in which the individual or family member:
 - a. Agrees to provide the Department with documentation to establish that the requested funds were used to purchase only approved services or items; and
 - b. Acknowledges that failure to provide documentation that the requested funds were used to purchase only approved services or items may result in recovery of such funds and denial of subsequent funding requests.

The application shall be signed by the individual or family member requesting the funding.

VII. Application review criteria.

Upon receipt of a completed application, the Department shall:

- 1. Verify that the individual is on the statewide Medicaid ID or IFDDS Waiver waiting list;
- 2. Confirm that the services or items for which funding is requested are eligible for funding in accordance with 12 VAC 35-230-50; (See V. Covered Service and Supports)
- 3. Determine that the services or items for which funding is requested are needed to support the continued residence of the individual with ID/DD in his own or the family home;
- 4. Determine that other public funding sources have been fully explored and utilized and are not available to purchase or provide the requested services or items;
- 5. Evaluate the cost of the requested services or items; and
- 6. Consider past performance of the individual and family members regarding compliance with these regulations.

The "Medicaid and FAMIS PLUS Handbook" effective 3/1/2012 by the Department of Medical Assistance Services will be used to determine if requested services or items can be obtained through the state's Medicaid Insurance program.

VIII. Funding decision-making process

The Department shall provide a written notice to the individual or family member who submitted the application indicating the funding decision.

1. Approval notices shall include:

- a. The services, supports, or other items for which funding is approved;
- b. The amount and timeframe of the financial allocation;
- c. The expected date that the funds should be released; and
- d. Financial expenditure documentation requirements and the date or dates by which this documentation shall be provided to the Department.

2. Pend procedure:

- Mail a letter explaining additional information for clarification needed in order to approve the request.
- Wait for requested information from individual and family member for no more than 45 days.
- c. If additional requested information is received, continue with approval or deny process.
- d. If additional requested information is not received deny request and send letter following the denial procedure.

Applications may be approved at a reduced amount when the amount requested exceeds a reasonable amount as determined by Department staff as being necessary to purchase the services or items.

Applications shall be denied if the Department determines that:

- 1. The service or item for which funding is requested is not eligible for funding in accordance with 12 VAC 35-230-50; (See V. Covered Services and Supports).
- 2. The request was pended and the family did not respond to request for additional information in a timely manner. (14 days).
- 2. The request exceeds the maximum annual individual financial support limit for the applicable fiscal year;
- 3. Other viable public funding sources have not been fully explored or utilized;
- 4. The requesting individual or family member has not used previously received Individual and Family Support Program funds in accordance with the Department's written notice approving the request or has failed to comply with these regulations; or
- 5. The total annual Individual and Family Support Program funding appropriated by the General Assembly has been expended for the applicable fiscal year.

For applications where funding is denied or approved at a reduced amount, the Department's notice shall state the reason or reasons why the requested services, supports, or other items were denied or were approved at a reduced amount and the process for requesting the Department to reconsider its funding decision.

IX. Requests for reconsideration

A. Individuals or family members who disagree with the determination of the Department may submit a written request for reconsideration to the Commissioner, or his designee, within 30 days of the date of the written notice of denial or approval at a reduced amount.

B. The Commissioner, or his designee, shall provide an opportunity for the person requesting reconsideration to submit for review any additional information or reasons why the funding should be approved as originally requested.

C. The Commissioner, or his designee, after reviewing all submitted materials shall render a written decision on the request for reconsideration within 30 calendar days of the receipt of the request and shall notify all involved parties in writing. The Commissioner's decision shall be binding.

D. Applicants may obtain further review of the decision in accordance with the Administrative Process Act. [Virginia Code § 2.2-4000 et seq.]

X. Post-funding review

A. Utilization review of documentation or verification of funds expended may be undertaken by Department staff. Reviews may include home visits to view items purchased or services delivered.

B. Individuals and family members receiving Individual and Family Support Program funds shall permit the Department representatives to conduct utilization reviews, including home visits.

C. Individuals and family members receiving Individual and Family Support Program funds shall fully cooperate with such reviews and provide all information requested by the Department.

D. Failure to use funds in accordance with the Department's written notice or provide documentation that the funds were used to purchase only approved services or items may result in recovery of such by the Department.

E. The Department will report any funds unaccounted for by the fiscally responsible party to the Internal Revenue Service as unearned income.

XI. Termination of funding for services, supports, or other assistance

Funding through the Individual and Family Support Program shall be terminated when the individual is enrolled in the ID or IFDDS waiver, or if approved funds are used for purposes not approved by the Department in its written notice. Any funds approved, but not released, will be forfeited in such circumstances.